

02/14/02
jc525
PTO02-19-02
APlease type a plus sign (+) inside this box →

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53 (b))

Attorney Docket No. 72708

First Inventor Champion, et al.

Title CHECKERBOARD BUFFER USING TWO-DIMENSIONAL
BUFFER PAGES AND USING MEMORY BANK
ALTERNATION

Express Mail Label No. EV015651966US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application

ADDRESS TO:Box Patent Application
Commissioner For Patents
Washington, D.C. 20231-00110/076943
02/14/02

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Applicant claims small entity status.

See 37 CFR 1.27.

3. Specification [Total Pages 66]

- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the disclosure

4. Drawing(s)(35 U.S.C.113) [Total Sheets 29]

5. Oath or Declaration [Total Pages 3]

a. Newly executed (original or copy)

b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)

i. DELETION OF INVENTOR(S)
signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); or
ii. paper

c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney

11. English Translation Document (if applicable)

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent

17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application Nos.: _____

Prior application information: Examiner _____

Group Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 2 2 2 4 2	or <input type="checkbox"/> Correspondence address below
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Name	Scott J. Menghini				
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	City	Chicago	State	IL	Zip Code
Country	USA	Telephone	858-552-1311	Fax	858-552-0095

Name (Print/Type)	Scott J. Menghini	Registration No. (Attorney/Agent)	42,880	
Signature			Date	February 14, 2002

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FEE TRANSMITTAL for FY 2002

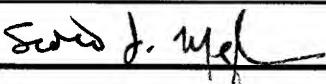
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$1,056.00

Complete if Known

Application Number	To Be Determined
Filing Date	February 14, 2002
First Named	Champion, et al.
Examiner Name	N/A
Group Art Unit	N/A
Attorney Docket No.	72708

METHOD OF PAYMENT		FEE CALCULATION (continued)																																	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:		3. ADDITIONAL FEES Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid																																	
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2. EXTRA CLAIM FEES Extra Claims Fee from below Fee Paid Total Claims <input type="text" value="26"/> -20** = <input type="text" value="6"/> X <input type="text" value="18.00"/> = <input type="text" value="108.00"/> Independent Claims <input type="text" value="5"/> -3** = <input type="text" value="2"/> X <input type="text" value="84"/> = <input type="text" value="168.00"/> Multiple Dependent <input type="text"/> = <input type="text"/>																																			
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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Scott J. Menghini	Registration No. (Attorney/Agent)	42,880	Telephone
Signature			Date	February 14, 2002

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